

FILED DEC 13 1957

Dr. Meier

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39691

STATE FILE NUMBER

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 386

1. PLACE OF DEATH a. COUNTY <u>Cole</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>			c. CITY OR TOWN <u>Jefferson City</u> 226 4		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>500 Myrtle Ave</u>			d. STREET ADDRESS (If outside, give location) <u>500 Myrtle Ave</u>		
3. NAME OF DECEASED (Type or print) First <u>Electa</u> Middle <u>Angeline</u> Last <u>Patton</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>5</u> Year <u>1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug-21-1871</u>	9. AGE (In years last birthday) <u>85</u>	10. UNDER 1 YEAR Months <u>0</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			11. BIRTHPLACE (City and state or country) <u>Adams County, Ohio</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Marvin Bacon</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Burley</u>		14. NAME OF HUSBAND OR WIFE <u>William Patton</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>4200</u>		17. INFORMANT Address <u>Mrs. George Loethen, Jefferson City, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myo Cardial Failure</u> Conditions, if any, which gave rise to above, cause (a), stating the underlying cause last. DUE TO (b) <u>Arterio-Sclerotic Heart Disease</u> DUE TO (c) <u>Generalized arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4200</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Days</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour <u>8:30 P.</u> Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Jan 1956</u> to <u>Dec 5 1957</u> and last saw her alive on <u>Dec 5, 1957</u> Death occurred at <u>8:30 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22. SIGNATURE (Degree or title) <u>Frank J. Meier M.D.</u>			22b. ADDRESS <u>Jeff City, Mo.</u>		22c. DATE SIGNED <u>12/6/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec-8-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hiverview Cemetery</u>		23d. LOCATION (City, town, or county) <u>Jefferson City, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Thorpe J Gordon, Jefferson City, Missouri</u>			25. DATE RECD. BY LOCAL REG. <u>9 Dec 1957</u>		26. REGISTRAR'S SIGNATURE <u>R.P. Norris, MS-MR.</u>

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Licensed Embalmer No. 286
P. O. Address 4444

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.